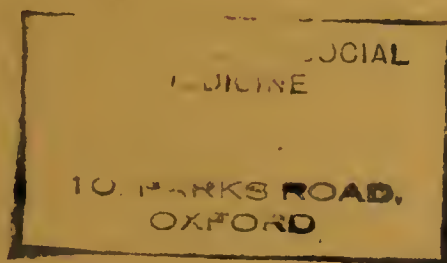


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Cambridgeshire County Council



ANNUAL REPORT

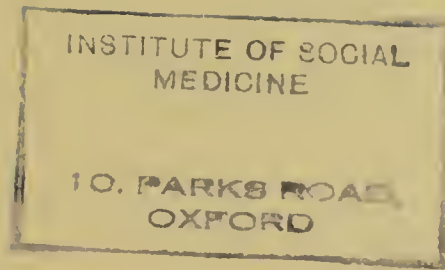
OF THE

Medical Officer of Health


FOR THE

ADMINISTRATIVE COUNTY OF CAMBRIDGE

FOR THE YEAR 1948



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INDEX

	PAGE
Ambulance Service	26-27
Ante Natal and Post Natal Work	8-9
Birth Rate	1
Blind Persons	25-26
Cancer	2
Child Welfare, Maternity and	7-14
Death Rate from All Causes	1
Diphtheria Immunisation	5-6
Domestic Help Service	16-18
Health Visiting	10 & 12
Home Nursing	14-15
Infantile Mortality	2
Infant Welfare Centres	10-11
Infectious Diseases	4
Maternal Mortality	2
Mental Health	22-24
Notification of Births	8
Nursing Homes, Maternity and	13
Population	1
Statistics	1-2
Still-births	1
Tuberculosis	18-20
Vaccinations.. .. .	6-7
Venereal Diseases	21-22

VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE

The following figures set out the principal facts relating to the Administrative County for the year 1948 and for the two previous years for comparison.

Populations (Registrar-General's Estimates) :

		1946	1947	1948
Administrative County	..	153,390	157,530	166,940
Cambridge	.. ..	77,920	79,490	86,190
Rural Districts	.. ..	75,470	78,040	80,750
Chesterton	.. ..	33,840	34,350	35,510
Newmarket	.. ..	19,350	19,970	20,840
South Cambridgeshire	..	22,280	23,720	24,400

Births : (live)

Administrative County	..	Number ..	2,885	3,089	2,807
		Rate per 1,000	18.8	19.6	16.8
Cambridge	.. ..	Number ..	1,540	1,590	1,395
		Rate per 1,000	19.8	20.0	16.2
Rural Districts	.. ..	Number ..	1,345	1,499	1,412
		Rate per 1,000	17.8	19.2	17.5
Chesterton	.. ..	Number ..	651	651	611
		Rate per 1,000	19.2	19.0	17.2
Newmarket	.. ..	Number ..	312	376	334
		Rate per 1,000	16.1	18.8	16.0
South Cambridgeshire	..	Number ..	382	472	467
		Rate per 1,000	17.1	19.9	19.1

Illegitimate Births :

Administrative	Number	291	184	157
County	Rate per 1,000 live births	10.1	6.0	5.6
Cambridge	Number	154	110	77
	Rate per 1,000 live births	10.0	6.9	5.5
Rural Districts	Number	137	74	80
	Rate per 1,000 live births	10.2	4.9	5.7

Still Births :

Administrative	Number	74	46	67
County	Rate per 1,000 total births	25.0	14.7	23.3
Cambridge	Number	41	29	31
	Rate per 1,000 total births	25.9	17.9	21.7
Rural Districts	Number	33	17	36
	Rate per 1,000 total births	23.9	11.3	24.9

Deaths :

Administrative County	..	Number	1,795	2,001	1,721
		Rate	11.7	12.7	10.3
Cambridge	.. ..	Number	903	920	803
		Rate	11.6	11.6	9.3
Rural Districts	.. ..	Number	892	1081	918
		Rate	11.8	13.9	11.4

Infant Deaths :

Administrative	Number	115	100	57
County	Rate per 1,000 live births	39.9	32.4	20.3
Cambridge	Number	53	48	33
	Rate per 1,000 live births	34.4	30.2	23.7
Rural Districts	Number	62	52	24
	Rate per 1,000 live births	46.1	34.7	17.0

Maternal Deaths :

<i>(a) From sepsis :</i>					
Administrative	Number	Nil	1	Nil	
County	Rate per 1,000 total births	Nil	0.3	Nil	
Cambridge	Number	Nil	1	Nil	
	Rate per 1,000 total births	Nil	0.6	Nil	
Rural Districts	Number	Nil	Nil	Nil	
	Rate per 1,000 total births	Nil	Nil	Nil	
<i>(b) From other puerperal conditions :</i>					
Administrative	Number	4	2	1	
County	Rate per 1,000 total births	1.4	0.6	0.35	
Cambridge	Number	2	1	1	
	Rate per 1,000 total births	1.3	0.6	0.70	
Rural Districts	Number	2	1	Nil	
	Rate per 1,000 total births	1.5	0.7	Nil	

Tuberculosis Deaths :

(a) Pulmonary :						
Administrative	County	..	Number	51	54	57
			Rate	0.33	0.34	0.34
Cambridge	..	..	Number	26	23	31
			Rate	0.33	0.29	0.36
Rural Districts	..	..	Number	25	31	26
			Rate	0.33	0.40	0.32
(b) Non-pulmonary :						
Administrative	County	..	Number	7	11	10
			Rate	0.05	0.07	0.06
Cambridge	..	..	Number	4	7	6
			Rate	0.05	0.09	0.07
Rural Districts	..	..	Number	3	4	4
			Rate	0.04	0.05	0.05
(c) All forms :						
Administrative	County	..	Number	58	65	67
			Rate	0.38	0.41	0.41
Cambridge	..	..	Number	30	30	37
			Rate	0.38	0.38	0.43
Rural Districts	..	..	Number	28	35	30
			Rate	0.37	0.45	0.37

Cancer Deaths :

Administrative	County	..	Number	281	321	349
			Rate	1.8	2.0	2.1
Cambridge	..	..	Number	150	151	170
			Rate	1.9	1.9	2.0
Rural Districts	..	..	Number	131	170	179
			Rate	1.7	2.2	2.2

The rise in the population of the County is on a greater scale than has been the case for some years amounting to somewhat more than 9000. The rise was much more pronounced in the Borough of Cambridge where it was rather less than 7000, that in the rural area having been rather more than 2000 of which Chesterton provided the bulk.

There was a very considerable fall in the birth rate of a higher magnitude in Cambridge than in the rural area. In the latter the chief fall was in Newmarket Rural District while the fall in South Cambridgeshire was on a small scale, the rise which had taken place there in the previous year being fairly well maintained.

Over the administrative county as a whole the illegitimate birth rate has again fallen slightly, but this is due entirely to a drop in the Borough of Cambridge, there having been an actual rise in the rural area. In both parts of the county the rate remains higher than that of the years immediately preceding the war. It may be remembered that during the war there was some reason to think that increased difficulty of marriage following the knowledge of illegitimate pregnancy was a big factor in increasing the illegitimacy rate, but it begins to appear that it did not account for the whole of the increase and that, whatever the other factors were, they are still in operation to some extent.

The unprecedentedly low level of the still birth rate set up in 1947 has not been maintained and indeed in the rural area the rate for 1948 is somewhat higher than that for 1946. The reason for the rise is difficult to suggest but fortunately its extent is not great and unless it were the beginning of a rising trend would not call for undue emphasis.

The general death rate in 1948 was very low. The fall from the figure of the previous year was of much the same order in the Borough and the rural area and is in keeping with the trend in the whole country.

A very remarkable fall in the infant mortality rate occurred in 1948. The rate of 20.3 for the whole county is much the lowest ever recorded. In Cambridge nothing approaching the low figure of 23.7 has been experienced before, but in the rural area the low level of mortality is really astonishing and sets a standard which it will be exceedingly hard to maintain in future years. There was only one death from pneumonia in Cambridge and none in the rural area though there was one from bronchitis there. One death from diarrhoea occurred in the Borough, but there were none in the rural area, a fact in which the cold summer no doubt played a part. Premature births accounted for only four deaths in the whole county (three in the Borough and one in the rural area), a record low figure for this cause and perhaps one which may occasion some surprise in view of the rise in the still birth rate. By far the largest proportion of infant deaths was attributed to congenital malformations, and birth injuries of which it may reasonably be assumed that the first was the really relevant factor. This is a cause of death which for the present completely escapes our control. The fall in mortality in Cambridgeshire forms part of a fall in the whole country, but appears to have been of greater magnitude.

There were no maternal deaths from sepsis in any part of the county and this makes the seventh successive year in which there have been none from this cause in the rural area. There was one death from other puerperal conditions in the Borough, but none in the rural area, giving a maternal mortality of 0.35 for the whole county, 0.70 in the Borough and nil in the rural area.

The death rate from pulmonary tuberculosis in the administrative county remained the same as it was in 1947, but there was a rise in the Borough of Cambridge offset by a fall in the rural area where the rate for 1948 has only once been better. That was in 1944 when it stood at 0.27, while in 1945 it was 0.32 the same rate as that for 1948.

The death rate from non-pulmonary tuberculosis has changed but little from that of the previous year. Such fall as there has been occurred in Cambridge, the rate in the rural area having remained stationary. This resulted in the death rate from all forms remaining stationary in the administrative county, rising in the Borough and falling in the rural area where the rate for all forms was equal to the lowest previously recorded, namely that for 1946.

There was a rise in the cancer death rate in the whole county caused entirely by a considerable rise in the Borough, the rate in the rural area remaining unaltered as compared with the rate in the previous year, though it must be remembered that in 1947 the rate there had increased very markedly over that for 1946. Of the total deaths (349) twenty-three occurred at ages under 45 and 130 at ages under 65.

The figures showing the incidence of the principal infectious diseases (civilians only) in the county during the year, with those of the two previous years for comparison, are set out below :—

			1946	1947	1948
Scarlet Fever	..	..	135	88	221
Diphtheria	..	..	5	5	9
Enteric Fever	..	..	1	2	2
(including paratyphoid)					
Smallpox	..	..	—	—	—
Cerebro-spinal Fever	..	..	6	6	2
Pneumonia	..	..	29	59	51

The very great rise in the incidence of scarlet fever was part of a general rise in the whole country, the reason for which is obscure. The supposed factor of non-immunity by reason of a rising tide of susceptibles who have not had an attack may have played its part. Diphtheria also has risen in incidence and of the nine cases notified and confirmed seven were in the Borough of Cambridge. Five of the seven had never been immunised, one had been immunised six years previously and in one, that of an undergraduate, there was no information.

There were 14 cases of poliomyelitis as against 15 in the previous year. Ten of them were in the Borough of Cambridge and four in the rural area. Fortunately the comparatively light incidence of the

previous year was not followed by a heavy one in 1948 but it is an unfortunate fact that the disease appears to have established itself as a new menace in the country and it will not be possible to feel satisfied about the state of affairs until something like the pre-war incidence is re-established. There are few, if any, reliable measures of prevention.

Diphtheria Immunisation.—This is one of the matters in which the operation of the National Health Service Act of 1946 has brought about certain changes. The local sanitary authorities ceased to be responsible for the work on July 5th, 1948, and the County Council assumed responsibility over the whole of the county, including Cambridge. The old arrangements for immunisation in clinics and infant welfare centres continued as before, but changes in the work carried out by general medical practitioners came about. Previously the practitioners had been paid a fee which was supposed to cover the carrying out of immunisation as well as the submission of a record to the local sanitary authority but after July 5th the ruling of the Ministry of Health was that the actual operation formed one of the duties to be expected from a practitioner as part of his service under Part IV of the Act and that it was only for the making and submission of the record that the local health authority should be expected to pay. This view is contested by the practitioners. It is open to the criticism that where immunisation is carried out by a practitioner who has not undertaken to give service under Part IV of the Act he must look to the patient for his fee, a requirement which to some extent might deprive certain people of a free service. Although practitioners have submitted records since July 5th, 1948, no money has been paid to them up to the time of writing because the sum due has not been nationally agreed, a cause of understandable dissatisfaction amongst them.

The following figures set out the work done in infant welfare centres in the rural area from January 1st to December 31st :—

Children Treated.

Abington	..	..	..	..	5
Balsham	..	..	..	..	14
Barrington	..	..	..	..	6
Bassingbourn	..	..	..	..	32
Bottisham	..	..	..	..	19
Bourn	..	..	..	..	26
Burwell	..	..	..	..	26
Castle Camps	..	..	..	..	2
Cheveley	..	..	..	..	12
Coton	..	..	..	..	11
Cottenham	..	..	..	..	14
Croydon	..	..	..	..	—
Dullingham	..	..	..	..	22
Duxford	..	..	..	..	12
Elsworth	..	..	..	..	19
Fordham	..	..	..	..	—
Fulbourn	..	..	..	..	29

Gamlingay	24
Girton	—
Great Shelford	63
Harston	38
Histon	16
Isleham	4
Linton	8
Melbourn	26
Sawston	—
Soham	29
Steeple Morden	31
Swavesey	7
Waterbeach	—
Wicken	29
Willingham	—
Total	414 526

388

In the rural part of the county an additional ~~440~~ children of under school age were immunised under the arrangements of the local sanitary authority up to July 4th and under those of the local health authority from July 5th onwards.

In the Borough of Cambridge from July 5th to the end of the year records of the immunisation of 844 children of under school age and of 36 children of school age have been submitted.

The corresponding figure for children of school age in the rural area was 44.

Vaccination against Smallpox.—This also became a matter for which the County Council as local health authority became responsible over the whole of the area from July 5th onwards. The arrangements made were very similar to those applying in the case of diphtheria immunisation, the practitioner carrying out the work as part of his contract under Part IV of the Act and being paid for the record by the local health authority. Again the fee to be paid has not been agreed. The figures according to the records submitted were as follows :—

	<i>Vaccinated</i>	<i>Re-Vaccinated</i>
Under 1 year	446	—
Age 1-4	30	6
Age 5-14	8	16
Over 15	29	183
Totals	513	205

When it is remembered that over the whole year 2,807 births were registered in the whole county, it will be realised what a small proportion of infants was vaccinated. It was hoped that with the repeal of the old Vaccination Acts with their mechanism of apparent compulsion the dislike of vaccination against smallpox would gradually disappear. It

is early to make any statement on the point, but certainly there has been no sign of this so far. It is true that there has been no really big outbreak of smallpox for some long time but it cannot be too strongly emphasised that the great reduction of travelling time between this country and countries where the disease is endemic nullifies many of the measures of control which have been so useful since vaccination originally reduced the number of cases to manageable proportions. It is therefore very important for the public to realise the value of vaccination before a devastating epidemic makes it painfully clear. Many have deplored the removal of compulsion in the matter, but its reinstatement would be of little or no effect unless it were operated on much more rigid lines than was formerly the case.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

The National Health Service Act of 1946 brought about much alteration in the hospital services connected with maternity and child welfare, but comparatively few in the domiciliary services previously administered by local authorities.

In Cambridgeshire the County Hospital which had latterly been chiefly a maternity hospital and which had been the just pride of the County Council passed from their control to that of the Board of Governors of the United Cambridge Hospitals. Although for approximately half of the year it remained the concern of the Council, it hardly seems profitable now to attempt to give any account of its work for that part of the year only. Suffice it to say that it remained very popular with the people of both borough and rural area and that the demand on its services continued unabated and will no doubt do so for the foreseeable future.

The chief change which the National Health Service Act caused in the domiciliary services lay in the fact that the County Council became responsible for the work in Cambridge as well as in the rural area of the county. In accordance with the advice of the Ministry of Health, however, it was decided to leave as much of the day to day management of the services as possible in the hands of those previously responsible, for which purpose a Borough Sub-Committee was appointed consisting largely of Borough Councillors and co-opted members together with three members nominated by the County Council. It has as its executive officer the Borough Medical Officer of Health but it reports to the County Health Committee and not to the Borough Council and for the purposes of its work the Borough Medical Officer of Health and the other maternity and child welfare staff are regarded as being on the staff of the County Medical Officer.

In the rural part of the county the midwives and health visitors who had previously been employed by district nursing associations on the Council's behalf became the direct responsibility of the Council and the County Superintendent previously employed by the County Nursing Association became an officer of the Council with the title of Superintendent of Nurses and Health Visitors. The district nursing associations remained in being, however, to give local oversight to the work and to advise the Council as to any modifications which might be necessary in each area.

Apart from what has been said above the actual services provided remained very much as they were before the National Health Service Act came into force. In the paragraphs which follow an account will be given of them for the rural part of the county for the year as a whole, with such indications of differences between the first half and the second half of the year as may be necessary, and finally some account will be submitted of the work in the Borough of Cambridge in the second half of the year.

In 1948 notification of intention to practise in the rural area was received from 48 midwives, the total number known to be practising at the end of the year being 41.

Midwives attended 554 confinements during the year acting as midwives only in 305 cases and as maternity nurses under medical direction in 249. They found it necessary to summon medical aid in 118 of the cases in which they acted as midwives only. The corresponding figures for the period after July 5th were 151 confinements attended as midwives only and 119 as maternity nurses, and the number of the former type of case to which medical aid was summoned was 51.

At the end of the year there were 23 midwives qualified to administer gas and air analgesia as against 9 at the end of the previous year. Training of the remainder proceeded during 1949 and at the time of writing all of the midwives regularly employed by the County Council in the rural area are qualified except one part time midwife who acts only as a maternity nurse. The number of cases in which the method was used was 223 as against 144 in the previous year.

The total number of births actually notified from the rural area during 1948 was 549 including 11 still births. To these must be added the births to women normally resident in the rural area which took place outside it, principally births in institutions. The total figure then becomes 1,408 of which 23 were still births which may be compared with the figure of 1,448 registered births (live and still) on which the calculation of the statistics at the beginning of this report is based.

The number of women examined ante-natally by general practitioners under the Council's scheme was 352 while the number examined post-natally was 178. Both these figures show slight increases over those of the previous year.

The following are the details :—

Ante-natal examinations at or about the 16th week :

To be delivered by midwife	To be transferred to doctor	Referred to hospital	Consultant's opinion required	Institutional delivery recommended
234	3	10	1	7

Ante-natal examinations at the 32nd-36th week :

235	2	9	4	3
-----	---	---	---	---

Post-natal examinations at 10th to 14th day :

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Referencee to hospital desirable
114	9	4	—

Post-natal examinations about the 6th week :

78	10	7	—
----	----	---	---

The correspondence between the numbers examined early and late in pregnancy (16th week and 32nd-36th week) has never been so high before. The greater reluctance of women to have post-natal examinations still remains, as does the falling off between the first post-natal examination and the second, though it is interesting to note that the proportion of cases requiring treatment is considerably higher at the second examination than at the first.

There were 3 domiciliary obstetric consultations in 1948 all of which took place before July 5th. After July 5th, the Conneil's arrangements were no longer operative, domiciliary obstetric consultations being provided through the Regional Hospital Board or Board of Governors in exactly the same way as are other domiciliary consultations.

Premature Infants.—The arrangements for dealing with premature births remained the same as in 1948 and were unaffected by the National Health Service Act.

The number of births of children with a birth weight of $5\frac{1}{2}$ lbs. or under was 77 as compared with 76 in the previous year.

Of these 20 were born in the mother's own home and 57 in hospital or nursing home. Of the babies born at home 17 were nursed without admission to hospital, 1 died within the first twenty-four hours and 18 survived at the end of one month. Of those born in hospital 2 died in the first twenty-four hours and 53 survived more than one month. These figures indicate some slight reversal of the position of the previous year as to the relative proportions of those born at home and those born in hospital surviving after 24 hours and after one month. In 1948 the proportion surviving at each period was greater for those born in hospital.

Illegitimate Infants.—No special arrangements for the care of illegitimate infants have been made, but most of them are closely watched by the health visitors and a satisfactory liaison with voluntary agencies is maintained.

The following are the numbers of visits paid by health visitors to children under the age of 5.

To children under 1 year	1st visits	..	1,348
	Total visits	..	13,684
To children aged 1-5	Total visits	..	17,915
(including Infant Life Protection).			

Verminous conditions are dealt with at these visits as far as possible.

During 1948 changes in the law regarding boarded out children previously subject to the infant life protection sections of the Public Health Act of 1936 became operative and the work became the responsibility of the Children's Committee with the Children's Officer as its adviser. The Council decided, however, that the actual visitation of boarded out children under the age of 5 should continue to be carried out by the health visitors, apart from which the other changes involved were not made until the very end of the year. The figures are therefore appended in the same form as those for 1947 and are as follows :—

Homes inspected	..	..	..	..	28
Approved	..	..	..	..	24
Total number supervised	..	..	..	..	95
Children on register at beginning of year	..	..	..	..	62
New cases	..	..	..	..	33
Removed from register	..	..	..	..	43
Remaining on register at end of year	..	..	..	..	52
Orders of Court made under Sect. 212	..	..	..	..	Nil

Of the 62 children on the register at the beginning of the year, 7 had been placed for adoption of which 3 still remained under supervision at the end of the year. Of the 33 new cases, 6 were placed for adoption and 3 were still under supervision at the end of the year.

Infant Welfare Centres.—No new centres were opened during 1948, but all of those previously existing were included in the scheme submitted to the Ministry of Health under Section 22 of the National Health Service Act.

The number of children attending the centres during the year was 2,560 of whom 651 were still under the age of one year at the end of the year. The number of new children attending was 1,284 of whom 960 were under the age of one year at the date of their first attendance.

The following figures give details of the work of individual centres :

	New cases			Total in attendance
Abington	19	56
Balsham	54	58
Barrington	22 17	33
Bassingbourn	48	105

Bottisham	..	..	..	40	104
Bourn	..	..	..	42	120
Burwell	..	..	..	31	102
Castle Camps	..	..	..	9	29
Cheveley	..	..	..	19	40
Coton	..	..	..	81	90
Cottenham	..	..	..	24	54
Croydon	..	..	..	7	7
Dullingham	..	..	..	23	64
Duxford	..	..	..	60	87
Elsworth	..	..	..	36	98
Fordham	..	..	..	23	66
Fulbourn	..	..	..	122	100
Gamlingay	..	..	..	27	67
Girton	..	..	..	44	87
Great Shelford	..	..	..	45	121
Harston	..	..	..	54	100
Histon	..	..	..	53	160
Isleham	..	..	..	19	46
Linton	..	..	..	27	86
Melbourn	..	..	..	39	78
Sawston	..	..	..	51	125
Soham	..	..	..	33	33
Steeple Morden	..	..	..	38	38
Swavesey	..	..	..	50	145
Waterbeach	..	..	..	48	106
Wicken	..	..	..	31	31
Willingham	..	..	..	70	124

Borough of Cambridge.—In the Borough of Cambridge at the end of the year there were 3 midwives in the employ of the Council and 6 midwives not in their employ practising outside hospitals. Of the latter 2 carried out domiciliary practice and 4 were employed in nursing homes. In addition the nurses employed by the Cambridge District Nursing Association before July 5th and who had acted as midwives up to that date dealt with the few cases which had been booked by them and in which the confinement had not taken place before the alteration in their duties (15 cases between July 5th and October 31st).

Midwives attended 238 confinements between July 5th and December 31st, acting as midwives only in 60 cases and as maternity nurses in 178. In addition midwives attended 830 confinements in the Maternity Hospital (County Hospital) acting as midwives only in 769 and as maternity nurses in 61. The midwives working outside hospital found it necessary to summon medical aid in 12 cases, in 8 of which the medical practitioner concerned had previously arranged to provide the patient with maternity services under their National Health Service contracts.

At the end of the year there were 5 midwives outside hospital qualified to administer gas and air analgesia and the number of cases in which the method was used between July 5th and December 31st was 22.

The total number of births notified in the Borough between July 5th and December 31st was 629 including 10 still births, to which must be added 12 births to women normally resident in Cambridge but taking place elsewhere, making the final figure 641.

Two clinics are available in Cambridge at each of which ante-natal and post-natal examinations are carried out at the same session held once weekly at each. At these 167 women made 393 attendances between July 5th and December 31st of whom 39 were examined post-natally, making 52 attendances for the purpose. In addition the scheme of examination by general practitioners continued to operate on a small scale between the relevant dates. Under it 9 women had one ante-natal examination each and 2 women had one post-natal examination each.

Premature Infants.—The number of births of children with a birth weight of $5\frac{1}{2}$ lbs. or under to women normally resident in Cambridge between July 5th and December 31st was 25, of which 2 were born at home and 23 in hospital or nursing home. Of those born at home both were nursed entirely at home, one died within 24 hours of birth and the other survived at the end of one month. Of those born in hospital or nursing homes 7 died within 24 hours of birth and 15 survived at the end of one month.

Illegitimate Infants.—The arrangements in Cambridge are very similar to those in the rural area except that a grant of £100 is made towards the salary of the Social Worker employed by the Cambridge Association for the Care of Girls.

The number of visits paid by Health Visitors in Cambridge between July 5th and December 31st was as follows :—

To children under 1 year	1st visits	..	559
	Total visits	..	1,463
To children aged 1-5	..	Total visits	.. 3,333

There were 8 infant welfare centres in the Borough at the end of the year at which 50 sessions per month were held. The number of children attending between July 5th and December 31st was 2,357 of whom 847 were still under the age of one year at the end of the year. The number of new children attending was 587 of whom 496 were under the age of one year at the date of their first attendance.

There were 2 day nurseries in operation in Cambridge on December 31st, providing 14 approved places for children aged 0-2 and 71 for children aged 2-5. The average daily attendance between July 5th and December 31st was 10 children below 2 years of age and 45 children between the ages of 2 and 5 years.

There was also a residential nursery (Primrose Croft) providing 12 places for young children with a maximum stay of 4 months. The average stay between July 5th and December 31st was 6 weeks. This nursery will be administered by the Children's Committee as soon as the

terms on which it should be taken over have been formulated by the Home Secretary, but in the meantime it continues to be the concern of the Borough Sub-Committee as part of the Authority's proposals under Section 22 of the National Health Service Act.

Registration of Nursing Homes.—This matter which had been the concern of the Public Health Committee of the County Council up to July 5th, 1948, became that of the Welfare Committee after that date, but otherwise there was no change in the arrangements. There were no new registrations during the year and 10 homes remained on the register at the end of 1948 (8 in Cambridge and 2 in the rural area), providing 63 maternity beds and 35 others.

Dental Treatment of Mothers and Young Children.—Before July 5th, 1948, Local Education Authorities had an obligation to provide dental treatment for children of school age, but there was no obligation on any local authority to provide it for adults or for children of under school age, although many authorities did do so to a greater or less extent for expectant and nursing mothers and for young children under the general powers given by the Maternity and Child Welfare Act of 1918.

In Cambridge there was a definite allocation of the time of the dental staff to mothers and young children although their work was chiefly amongst school children, but in the rural area the provision was made in rather a different way. Nine of the infant welfare centres managed by voluntary committees and subsidised by the County Council made arrangements with local dentists in general practice to visit them periodically and dental treatment of a limited character was given to both mothers and children in attendance, though in the case of mothers certain charges were made. In addition expectant and nursing mothers found to require dentures apart from any attendance at infant welfare centres were given financial assistance to obtain them by the County Council where necessary.

Under the National Health Service Act of 1946, however, local health authorities were specifically required to make arrangements for the dental care of expectant and nursing mothers and for children who have not attained the age of 5. To comply with this requirement it was decided that the existing arrangements in Cambridge should continue with such augmentation of staff as any increase in demand showed to be necessary from time to time and that the existing staff for the rural area should be increased from two to three to allow of regular visits to all infant welfare centres on the same lines as those already paid to schools and to make it possible for some treatment to be given to mothers and young children in the Shire Hall Clinic.

The course of events has, however, been quite different from that planned. Not only has it been impossible to augment the staff in either the Borough or the rural area, but there was an actual decrease in staff

in the latter before the end of 1948. The dental surgeon who had been responsible for most of the work in infant welfare centres found that the calls on her time in general practice had increased so greatly that she was obliged to give up her work in the centres which meant that there were only two centres in which treatment was given at all. One of the two school dental surgeons left on October 16th, 1948, and, owing to the more attractive conditions available to general dental practitioners in the National Health Service, all efforts to secure a successor proved unavailing. For these reasons not only was it impossible to extend the service from school children to mothers and young children but the service to school children itself became completely inadequate. Moreover although it was possible to maintain the Borough staff until the end of 1948, two resignations have occurred since and again it has been impossible to fill the vacancies. The fact is therefore that so far the provisions of the Act relating to the dental treatment of what are known as the "priority classes" have been almost a dead letter and little account of their working can be given.

The following are, however, the figures relating to the work in the Borough between July 5th and December 31st, 1948.

Expectant or nursing mothers :

Extractions	..	..	..	..	..	181
Fillings	..	..	..	..	..	117
Dentures supplied	..	..	..	..	..	38

Children under 5 :

Extractions	..	..	..	..	..	28
Fillings	..	..	..	..	..	52
Treatment with silver nitrate	..	..	..	..	..	59

The above paragraphs have been written by agreement with the Senior Dental Officer, Mr. W. B. Grandison, who now devotes half of his time to work in the Borough and half to work in the rural area.

HOME NURSING

Up to July 5th, 1948, nursing in the home other than that obtained for payment from purely private sources had been provided by district nursing associations in both Cambridge and the rural area of the County. In addition to the nursing of sick persons the nurses of the Cambridge District Nursing Association had done midwifery and maternity nursing for which they were almost unsubsidised by the Borough Council and the visiting of notified cases of tuberculosis for which they were subsidised by the County Council. The nurses of the twenty-eight district nursing associations operating in the rural part of the County had carried out sick nursing, midwifery and maternity work, and in most cases health

visiting. For the latter two types of work they were largely subsidised by the County Council which made them its agents for its duties under the Midwives Act of 1936, but neither the County Council nor the Borough Council was under an obligation to subsidise the nursing of the sick though the Public Health Act of 1936 made it possible for them to do so up to a point.

The National Health Service Act, however, made it a duty of local health authorities to provide nursing in the home and the County Council therefore became the responsible authority for providing a service in both Cambridge and the rural area. After much consideration the Cambridge District Nursing Association decided that from the appointed day it would take no further part in the provision of a service in the Borough and the County Council therefore offered direct employment to the nurses previously employed by the Association and agreed to pay the Association a rent for the use of the Nurses' Home in New-market Road for the accommodation of such of the nurses as wished to continue to live there. Apart from dealing with a few maternity cases booked before July 5th and not confined until after that date the nurses ceased to have any midwifery and maternity cases or to visit cases of tuberculosis. The latter duty was passed to the health visitors formerly employed by the Borough Council. The day to day management of the service in Cambridge was assigned to the Sub-Committee and its officers described under the arrangements for maternity and child welfare.

The problem in the rural area was somewhat simpler as the district nurses there had previously worked in close contact with the County Council and its officers in respect of their maternity and health visiting duties. The respective district nursing associations remained in being but the nurses became the direct employees of the County Council. The Superintendent previously employed by the County Nursing Association became an officer of the Council responsible to it through the County Medical Officer for the conduct of the combined nursing, midwifery and health visiting services.

As a result, on December 31st, 1948, there were seven nurses employed whole time and one nurse employed part time on home nursing duties in Cambridge and thirty-two nurses combining home nursing duties with maternity work and health visiting in the rural area. It was estimated that the amount of time devoted by the latter to the nursing of the sick was equivalent to that of thirteen whole time nurses.

The transfer in both areas was effected very smoothly and the arrangements have worked well and without any undue difficulty since.

In the Borough of Cambridge the nurses attended 561 sick persons between July 5th and December 31st, 1948, making a total of 8,025 visits while in the rural area the corresponding figures were 1,401 cases nursed and 26,159 visits paid.

THE DOMESTIC HELP SERVICE

While most of the duties of the County Council as Local Health Authority under the National Health Service Act were obligatory, Section 29 of the Act gave it power to make such arrangements as the Minister of Health might approve for the provision of domestic help for households where there are persons who are ill, lying-in or expectant mothers, mentally defective persons, aged persons or children not over compulsory school age, but did not specifically require it to do so. While most of the other services provided by the authority were to be free of charge to the recipient at the time of the service the Act gave power to the authority to make charges according to the means of the recipient in the case of domestic help.

Previous to the coming into force of the Act there had been in the Borough of Cambridge a domestic help service organised by the Women's Voluntary Services on behalf of the Borough Council, while in the rural area there had been for many years a service of home helps for maternity cases which latterly had degenerated into the provision of financial assistance towards help found by the midwife or the patient rather than the actual provision of the service to the patient. In each case the recipient of the help had borne part of the cost where the family income allowed of it.

The County Council decided to ask Women's Voluntary Services to continue to organise a service on its behalf in the Borough of Cambridge handing the duty of day to day control to the Borough Sub-Committee and its officers. Women's Voluntary Services appointed an organiser and assistant organiser of the service working from their own office and their salaries were refunded to the organisation in full by the Council. In the rural area, considerable expansion of the old home help service was envisaged and a full time domestic help organiser was appointed with the main duties of recruiting a sufficient number of women, either whole time or part time, suitable for giving domestic help and of apportioning the time of those available among the applicants for help to the best possible advantage.

It was decided that in both areas a scale of contributions put forward by the County Councils Association, the Association of Municipal Corporations and the London County Council and recommended for consideration by the Ministry of Health should be operated.

The remuneration to be paid to the home helps was fixed at 1/9 per hour during the first year of service, 1/10 during the second year, 1/11 during the third year and 2/- during the fourth and subsequent years. The full rate to be charged to any householder whose means enabled him to pay it was fixed at 2/- per hour and the difference between that sum and the amount to be paid to the home helps was to be presumed to cover other expenses such as those of administration and travelling. Where a householder appeared to be unable to pay at the rate of 2/- per hour for the amount of time required the scale of contributions mentioned in the previous paragraph would operate.

In the Borough of Cambridge the position was largely one of continuing and expanding an existing service and the difficulties, though by no means absent, were relatively few, but in the rural area an almost new service had to be provided since the old home help service at the time of the coming into force of the National Health Service Act did not comply with the requirements of the Ministry of Health. The newly appointed Organiser set about a campaign of recruitment by advertisement, interview of individuals in various villages, addressing meetings of organisations such as Women's Institutes and so on. By the end of the year a considerable advance had been made, but the number of domestic helps available was by no means adequate to meet the whole of the demand at any one time.

The basic difficulty of an insufficient number of helps which was present in the Borough as well as in the rural area in some degree was accentuated in the latter by difficulties connected with transport. The domestic helps recruited were not evenly distributed and therefore it frequently happened that help would be required in one village while women willing to do the work were idle in another some distance away. The provision of bicycle allowances and the payment of bus fares by no means completely solved the problem and the Chairman of the Maternity and Child Welfare Sub-Committee of the Health Committee was authorised to approve the use of hired cars in urgent cases. This was a great help, but there remained the difficulty that not all the women available were willing to go any considerable distance from their own village and there is no real solution but the covering of the County by an adequate number of helps reasonably evenly spread, not an easy task under modern conditions.

Another difficulty common to the whole county which may be mentioned concerns the operation of the scale of contributions. It goes without saying that there were many instances in which its enforcement appeared to cause hardship but this could be dealt with fairly easily by special consideration and further remission of the charge where appropriate. There remains a difficulty, however, created by the fact that the scale assesses a total weekly sum which it is considered the householder should be able to pay and this sum is payable whether two hours or twenty hours' help per week is received, subject of course to the overriding consideration that not more than the actual cost at the rate of 2/- per hour is ever paid. Not only does this lead to the grievance that one householder may be paying the same for a small service as another is paying for a large one but it also makes it difficult to reduce the amount of time given to an individual householder when the circumstances of the case justify it or when the needs of other cases make it essential. Naturally the individual concerned does not see why he should pay the same sum for a reduced service and is inclined to be resistant when the need for a reduction is voiced.

In spite of all this and the difficulties of complying with the wishes of all using it, the general attitude to the service is one of appreciation which is frequently expressed both by word of mouth and in writing.

At the end of the year there were employed in Cambridge 21 whole time helps and 15 part time helps. The total number of cases attended between July 5th and December 31st was 316, of which 207 were general and 109 maternity.

The corresponding figures for the rural area were 3 whole time helps and 13 part time, the number of cases attended in the period being 47.

TUBERCULOSIS

The following figures relate to new cases of tuberculosis coming to the notice of the Medical Officers of Health by formal notification or otherwise during 1948 :—

<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non-pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0	—	—	—	—
1	—	2	—	2
2	—	1	3	2
5	—	—	5	5
10	1	1	1	5
15	4	11	—	5
20	12	10	2	1
25	25	21	7	7
35	17	13	—	—
45	16	1	1	3
55	15	2	—	1
65	6	3	—	—
75 and upwards	1	2	—	—
	97	67	19	31

In 40 of these cases information was derived from sources other than formal notification, namely from the death returns of local registrars 14, posthumous notifications 2, transfers from other areas 19, and other sources 5. The probability is that most if not all of the 19 transfers had been formally notified in their area of origin so that the number of actual failures to notify was 21 or 3 less than that of the previous year, though the total figure, including transfers, is 7 more than the 1947 figure.

The number of pulmonary cases was 32 more than in 1947, almost the whole of the increase having taken place in males. There were only 3 more female cases than in 1947. In the case of male patients the increase affects all groups from the age of 25 upwards. On the other hand the non-pulmonary cases have increased by 7 but all of this

increase has taken place in females while there has been an actual decrease in males. The number of pulmonary cases is the highest recorded since 1941 and the number of non-pulmonary cases (50) the highest since 1931 though the years 1935 and 1938 with figures of 49 and 48 respectively were not substantially different. Curiously enough the greatest non-pulmonary increase has taken place between the ages 25-65 in females and there has been a considerable increase in the age group 25-35 in males in spite of the total male decrease so that a disposition to blame a deterioration in the milk supply would hardly be justified. The total number of cases of tuberculosis (214) is substantially the same as that of the year 1941 (213) but in pre-war years it is necessary to go back to 1929 before so high a number is found. In that year it was 235 and in 1930 it was 205.

Speculation as to the factors responsible for the high figure is natural, but it is not easy to come to definite conclusions. In the first place the number of transfers from other areas is high and there seems no doubt that there is a flow into Cambridge. This will bring with it not only a number of recognised cases, but also a number which have not been recognised before arrival. Some of the latter are undoubtedly refugees from the Continent of various types. Secondly a mass radiography unit operated by the Regional Hospital Board started work in Cambridge in October, 1948. The first effect of such a unit must be the discovery of cases that would not otherwise have been recognised or at least would not have been recognised until a later date. Of course it is hoped that by the earlier discovery of such cases and their appropriate treatment the spread of infection will ultimately be so diminished that the number of cases will fall, but this cannot be the immediate result. Furthermore because of the shortage of sanatorium beds throughout the country, occasioned chiefly by a shortage of nursing staff, the appropriate treatment is often very difficult to apply and this may be a third factor in the situation since many patients who should be under sanatorium or hospital care must be left in the community to spread infection. Added to these factors are the undoubted deterioration in the housing situation as compared with pre-war standards and the lack of certain dietary constituents at least for some classes, from which it would appear that the favourable position attained in the fight against the disease by 1939 will be very hard to re-establish.

Dispensary and Homes.—One of the chief parts of the County Council's health work which were altered by the National Health Service Act of 1946 was the institutional and clinic treatment of tuberculosis. On July 5th, 1948, these branches of the work passed completely out of the Council's hands into those of the Regional Hospital Board. It seems hardly worth while to include any account of them for the first half of the year and therefore no further reference to them will be made in these reports.

Care and After Care.—Although the National Health Service Act took the actual treatment of tuberculosis out of the hands of the County Council, the work of care and after care remained with them and a scheme for carrying it out was submitted to the Ministry of Health as part of the Council's proposals made under Section 28 of the Act.

Under this scheme the Tuberculosis Officer and Deputy Tuberculosis Officer, the main part of whose work became the responsibility of the Regional Hospital Board, were regarded as available to the County Council for $\frac{2}{11}$ of their time for the direction of the work of care and after care with a corresponding salary allocation. The main divisions of the work are the visitation of tuberculosis patients and their families in their homes by health visitors, the provision of shelters in appropriate cases and the work such as the provision of extra nourishment and other forms of assistance which had previously been carried out by the Cambridgeshire Tuberculosis After Care Association.

So far as the visitation of patients and their families in their homes was concerned the only change which the scheme brought about was that in the Borough of Cambridge the work was transferred from the district nurses previously employed by the Cambridge District Nursing Association to the Health Visitors appointed by the Borough Council but transferred to the County Council as local health authority under the Act. In the rural area the work continued to be done by the district nurses who for many years have done the whole of the health visiting and school nursing there.

Shelters continued to be sent out from the department of the County Medical Officer on the recommendation of the Tuberculosis Officer as required.

The Cambridgeshire Tuberculosis After Care Association continued to function on much the same lines as formerly, receiving a grant of £300 from the County Council. It found itself in a position of some difficulty, however, by reason of the fact that it was prohibited under the new arrangements from using the Council's grant to make any cash payments to patients or their relatives. On the face of it, it should have been easy to substitute gifts in kind for cash payments but this proved to be difficult in practice partly because of the impossibility of buying more than the ration of most foodstuffs considered beneficial to the tuberculous patient and partly because of the unwillingness of traders to go to the trouble of submitting accounts for the relatively small sums involved in the sale of rationed food-stuffs, while the issue of vouchers of a general nature was liable to abuse in that they might be employed to buy articles of no real value to tuberculous patients.

The numbers of visits paid by the nurses or health visitors during 1948 were 458 in the Borough and 1,090 in the rural area, a total of 1,548 against 1,616 in 1947. During the first half of the year in the Borough the visits were paid by District Nurses and during the second half by Health Visitors.

Assistance was given by the After Care Association during the year to 25 patients of whom 9 were men and 16 women. Of these 16 were able to continue at or return to their former occupation or some more suitable employment, 7 were still under active treatment at the Clinic at the end of the year, 1 was in sanatorium and 1 had died.

The work of giving financial assistance to tuberculous patients which had previously been done by the Council under the terms of Memo 266/T of the Ministry of Health was transferred to the National Assistance Board on July 5th, 1948. At the time of the transfer 38 patients were in receipt of such assistance.

VENEREAL DISEASES

At the end of 1948 the County Council was no longer responsible for the diagnosis and treatment of venereal disease, the Clinic previously maintained by them at Addenbrooke's Hospital having passed to the Board of Governors of the Cambridge United Hospitals on July 5th, 1948, under the terms of the National Health Service Act. Figures have, however, been provided by the Clinic for the whole of the year and as the Council was responsible during the first half of the year they are appended hereunder in full, the probability being that in future years this section of the report will disappear. The following are the details :

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under treatment on January 1st, 1948	107	69	176
Old cases re-admitted	14	8	22
" First time " patients during 1948 ..	281	107	388
Total under treatment (including transfers from other clinics)	426	189	615
Left without completing treatment ..	47	23	70
Completed treatment but not final tests	33	30	63
Transferred to other Treatment Centres	48	21	69
Under treatment at end of year ..	89	57	146
Out-patient attendances :			
(a) On Clinic days	2,296	1,005	3,301
(b) On intermediate days	1,931	—	1,931
Aggregate " In-patient days "	191	125	316

There has been a rise in the number of new cases as compared with the figure of the previous year, though fortunately not to the 1946 level, the rise affecting both sexes.

Strangely enough just as the diminution as between 1946 and 1947 was caused by a fall in the number of patients found not to be suffering from venereal disease, so in 1948 the increase is largely caused by an increase in that class of case. In 1948 there were 250 non-venereal new patients as against 166 in 1947, but nevertheless this figure has twice been exceeded previously namely by the figures of 324 in 1946 and 297 in 1943.

Of the 250 cases of non-venereal conditions, 160 were those of Cambridgeshire patients as against 95 in 1947, but any satisfaction which might be felt at this state of affairs can be but short lived when it is discovered that there were 64 new cases of syphilis in Cambridgeshire patients, 15 more than in 1947 and the highest figure recorded for very many years, the nearest approach being 62 in 1934, so that it would not appear that the newer methods of treatment are having the effect of diminishing the amount of infection, assuming of course that the number of cases seen at the Clinic is an index of the number in the population as a whole. Of course it may be that the increase in the number of cases seen at the Clinic merely means that a greater proportion of the total cases attended there. So long as venereal disease is not notifiable there is no reliable way of determining this point. On the other hand there has been a fall in the number of cases of gonorrhoea in Cambridgeshire patients from 30 in 1947 to 22 in 1948. Again this may simply mean that medical practitioners generally are finding the treatment of gonorrhoea by the newer methods sufficiently easy to justify their undertaking it outside the Clinic. It is certainly not possible to feel that the difference in the numbers of cases of each disease seen at the Clinic represents an actual difference in incidence. So far as each sex is concerned, figures are available only for cases attending from all areas and these show once again the usual great discrepancy between the numbers of each sex suffering from gonorrhoea and attending for treatment—35 men as against 4 women.

Whatever the real facts behind the above details may be, the figures in themselves can give no ground for satisfaction and it may not be out of place to repeat, probably for the last time in these reports, the old complaint that so little is done in the way of prevention of these diseases. Whatever could have been done by local authorities would have needed the complete co-operation of those working in the clinics, and it is to be feared that, now that such control as the local authorities had over the work of the clinics has been taken away from them, such co-operation will be more difficult than ever to obtain. To say this is not to belittle the difficulties which are very real, but to deplore the fact that the difficulties have been allowed to stand in the way of preventive measures for so long.

MENTAL HEALTH

The National Health Service Act brought about certain changes in the work of the County Council with regard to both persons of unsound mind and persons of under developed mind, that is to say mental defectives.

Broadly speaking so far as the former are concerned the work which was formerly done by Relieving Officers in connection with their certification and admission to hospital was transferred to the Health Department on July 5th, 1948, and the Council was given certain powers

relating to the care and after care of persons suffering or likely to suffer from unsoundness of mind. The mental hospitals themselves which had formerly been managed by Visiting Committees to which local authorities appointed representatives became the responsibility of Regional Hospital Boards and local authorities had no longer any voice in their management. The arrangements for the certification and admission to hospital of persons of unsound mind were to be made by individuals known as duly authorised officers and the Council decided to discharge this part of its functions by the appointment of a part time duly authorised officer and a part time deputy. Both individuals selected were already on the Council's staff and half of the duly authorised officer's time continued to be occupied by certain financial enquiries having no connection with unsoundness of mind. The Chief Clerk in the Public Health Department who had for many years been enquiry officer for the purposes of the Mental Deficiency Acts was appointed deputy duly authorised officer. So far the arrangement seems to have worked well and to have been reasonably adequate.

The Council decided to ask the Cambridgeshire Mental Welfare Association to appoint a psychiatric social worker to carry out the duties of care and after care on condition that her salary would be paid in full by the Council, and the Association was fortunate in securing the services of an experienced worker on the staff of the mental hospital who was anxious to broaden the scope of her duties.

The chief change brought about on the mental deficiency side was that the Council ceased to be responsible for the provision of institutional accommodation, that function being handed to the Regional Hospital Board. All the functions relating to the ascertainment and care of mental defectives in the community, including the provision of guardians in suitable cases, remained with the County Council and this resulted in there being very little change at all in the practical side of the work though the Council was relieved of the financial burden of maintaining defectives in institutions. Unfortunately the change as to responsibility for institutional care did not result in there being more but in some respects rather less institutional accommodation and the difficulty of dealing properly with some cases of mental deficiency has remained as great as ever.

The following figures relate to the work of the duly authorised officer and his deputy from July 5th to December 31st, 1948 :—

Cases certified	..	..	..	61
Voluntary patients	..	..	..	50
Other cases	..	..	..	22

In the same period the psychiatric social worker dealt with 104 cases of various grades of mental disturbance not amounting to unsoundness of mind at the time of her attention to them, though some of them had previously been in mental hospitals. It is early to pronounce on the precise effects of her work but there is every reason to think that it

has been of considerable value. Apart from those requiring care after treatment in a mental hospital cases are referred to her from many different sources of which the chief are general medical practitioners, police, housing officers and voluntary welfare workers of various descriptions as well as the relatives of sufferers. The most satisfactory source is obviously the medical practitioner but it is an unfortunate factor in the nature of many of the cases that they cannot be induced to consult a doctor at all. It is the aim of the psychiatric social worker to operate in the closest possible contact with everyone in the area who is concerned with psychological treatment and it cannot be too strongly emphasised that, apart from its usefulness in dealing with cases which no other agency can help in the first instance, the object of the work is preventive.

The figures concerning mental deficiency relate to the whole year, the work having been done in the first half of the year under the provisions of the Mental Deficiency Acts administered by a Mental Deficiency Committee.

In 1948, 18 new cases were considered either by the Mental Deficiency Committee or by the Mental Health Sub-Committee of the Health Committee, 6 notified by the County Education Committee, 5 by the Borough Committee for Education, 1 by the Cambridgeshire Mental Welfare Association, 3 by other County Councils and 3 privately.

The method of dealing with them was :—

Petition for Certified Institution	..	2
Petition for Guardianship	..	2
Statutory Supervision	.. ..	9
Voluntary Supervision	.. ..	4
No action	.. ..	1

At the end of the year there were 25 cases on leave of absence from institutions.

Statutory and voluntary supervision is carried out by two full time workers with many years of experience appointed by the Cambridgeshire Mental Welfare Association, but reporting direct to the County Medical Officer, their salaries being refunded in full to the Association by the Council.

The number of cases awaiting admission to suitable institutions at the end of the year was 50 of which 21 were in Linton Hospital and 17 in the County Mental Hospital at Fulbourn. It is an unfortunate fact that because of the difficulty of obtaining vacancies in certified institutions increasing numbers of really urgent cases of mental defect have been certified by medical practitioners as cases of unsound mind with the result that they are accommodated in the wholly unsuitable wards of the mental hospital. While it is true that they have thus been provided with institutional accommodation of a kind, their removal to a more suitable place is hardly less urgent than that of similar cases in the community and the waiting list should not be regarded as artificially swollen by their inclusion.

The number of cases under guardianship at the end of the year was 11. Only 4 of them actually had guardians in Cambridgeshire, the remainder having been referred to the Brighton Guardianship Society and placed with guardians selected by that body.

As part of its services for the community care of mental defectives, the County Council is responsible for the direct management of an Occupation Centre in Cambridge at which low grade cases of all ages attend daily. This centre was originally managed by the Cambridgeshire Mental Welfare Association on the Council's behalf, but when it was moved to St. Giles' Church Hall its management was taken over by the Council. The Supervisor is qualified by long years of experience in occupation centre work. She has a staff of seven including a full time cook and a part time cleaner. A mid-day meal is provided at the centre, parents paying according to means, and kitchen training is given to those defectives suitable for it. Free transport to and from the centre is provided for those defectives coming from a distance, both vehicles provided by the Council and public transport being utilised. The part time cleaner assists with the duties of escorting. Some of the defectives attending the centre are those referred to above as being in Fulbourn Mental Hospital including a few from other counties. The total number of defectives on the Occupation Centre register at the end of 1948 was 59.

The ambulance service used for the transport of persons of unsound mind and mental defectives is the general ambulance service of the County and no difficulty has so far been experienced.

The Mental Health Sub-Committee responsible for the administration of the work detailed is a sub-committee of the Health Committee and consists of 10 members of the County Council and 4 members co-opted because of special knowledge or experience of mental work.

BLIND PERSONS

On July 5th, 1948, many of the provisions of the Blind Persons Acts under the terms of which local authorities had dealt with blind persons were repealed by the National Assistance Act of 1948. It will be noted that the National Health Service Act contained no provisions relating to blind persons and therefore the work which had previously been under the control of the Public Health Committee passed to the Welfare Committee of the Council and not to the Health Committee. Nevertheless as most of the work among blind persons with which the local authority is concerned is done from the Health Department, it would seem appropriate to continue to refer to it in these reports. Apart from the change of committee responsible, the main change brought about in the work of the local authority was the transfer of the responsibility for the relief of the unemployable blind from the County Council to the National Assistance Board.

At the end of the year there were 248 blind persons on the register, the distribution as to situation and age periods being as follows :—

	0-5	5-16	Over 16	Total
Borough ..	1	4	123	128
Rural Area ..	—	—	120	120
	1	4	243	248

Of the 248 cases of blindness, 204 were regarded as unemployable. There were 10 home workers and 21 employed elsewhere, as well as one employed in a workshop for the blind. Two blind persons were under training and three more were regarded as trainable. Two were trained but unemployed.

The Home Teachers paid 1,587 visits to blind persons during the year (Borough 710, Rural Area 877).

AMBULANCE SERVICE

On July 5th, 1948, it became the duty of the Council to provide ambulances and sitting case cars for the transport of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area where necessary

In anticipation of this it had been arranged that the four ambulances previously operated by the Cambridge Borough Council should be handed over to and operated by the County Council as from October 1st, 1947, but, whereas between that date and July 5th, 1948 the Council had had power to make charges for the use of the ambulances, after that date their use was to be free of charge at the time of service. The station supervisor and sixteen ambulance drivers and attendants passed into the service of the County Council and the vehicles were housed in premises contiguous with those of the Fire Service in Newmarket Road, Cambridge. On or soon after July 5th, 1948, the ambulance previously in use at the Borough Isolation Hospital was handed to the Council by the Board of Governors of the United Cambridge Hospitals and it was decided that it should be ear-marked for the conveyance of infectious cases except in emergency. Before the end of the year two new ambulances were bought so that the total number in service was 7 with a staff of a superintendent and 18 drivers and attendants.

The British Red Cross Society and the Order of St. John had also operated ambulances in various parts of the County and in view of the uncertainty of the demand for the new service they undertook to continue to do so on an agency basis, the Council agreeing to re-imburse them at the rate of 1/3 per mile for all patients conveyed.

So far as cars for the conveyance of sitting cases were concerned the British Red Cross Society had operated two cars under its direct control and, jointly with Women's Voluntary Services, had organised a service of cars scattered over the area manned by voluntary drivers, usually the owners of the cars, and known as the Hospital Car Service. It was arranged that this service should continue after the appointed day and that the Council should pay for the use of the cars in appropriate cases at the rate of 6d. per mile. While the service was available for the general transport of cases of illness and allied conditions, in actual practice it was used almost entirely for the transport of cases between their homes and hospitals and the arrangements for its use were usually made through the Almoner of Addenbrooke's Hospital.

The following figures give some account of the work between July 5th and December 31st.

Ambulances directly provided	..	..	..	7
Cars directly provided	..	..	..	—
Total calls July 5th—Dec. 31st	..	..	..	3,143
Patients carried July 5th—Dec. 31st	..	..	..	3,224
Accident and emergency calls included in above				316
Mileage run by above vehicles	..	..	..	43,921
Ambulances provided on agency basis	..	..	..	7
Cars provided on agency basis	..	..	..	2
Total calls for agency ambulances	..	..	..	206
Total calls for agency cars	..	..	..	9
Patients carried by agency ambulances	..	..	..	329
Patients carried by agency cars	..	..	..	13
Total mileage by agency ambulances	..	..	..	14,568
Total mileage by agency cars	..	..	..	1,744

The number of miles covered by cars in the Hospital Car Service during the same period was 42,000.

